



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Slovin	Gary	M.	547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			547-5880
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
B&B/TVU Licensing Committee		262-8286
MAILING ADDRESS (Street)		FAX
111 Hekili Street, No. 277		
(City)	(State)	(Zip Code)
Kailua	HI	96734
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Tonic Bille		262-8286
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

☒ Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

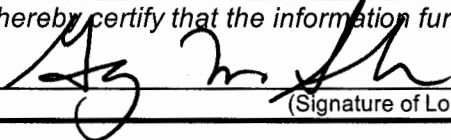
Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

2/2/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Tonic Bille

NAME OF ORGANIZATION (if applicable)

TELEPHONE

B&B/TVU Licensing Committee

262-8286

MAILING ADDRESS (Street)

FAX

111 Hekili Street, No. 277

(City)

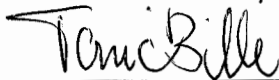
(State)

(Zip Code)

Kailua

HI

96734

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

2-2-05

(Date)